ē

NO 3836

44 F.N. 1. 2000	Z. I J I WI CDL	XII ZVZ Z93	0773E(S)) TKAL	NSIMILIAL		NO. 3020	1. 3/3	
Complete and send t	his form, together wi	pplicable f		Aail Fax	Mail Stop ISSI Commissioner to P.O. Box 1450 Alexandria, Virg (703) 746-4000		1450		
INSTRUCTIONS: This fo appropriate. All further con indicated unless corrected maintenance fee potification	m should be used for tran respondence including the b below or directed otherwise ns.	smitting the ISSU Patent, advance or in Block 1, by (a				ired). Blocks vill be mailed and/or (b) inc	I through 5 sl to the current dicating a sepa	nould be completed wh correspondence address rate "FEE ADDRESS"	
CURRENT CORRESPONDENCE 30678 7.	TE ADDRESS (Note: Use Block 1 for 590 02/22/2005 OVE LODGE & HUT	6	PE 0 1 2005	CONOR ON	papers. Each additional have its own certificate Cer	al paper, such : e of mailing or ctificate of Ma	as an assignme Tanamission. iling or Trans	or domestic mailings of or any other accompany at or formal drawing, m mission g deposited with the Unst class mail in an envel above, or being facsimate indicated below. (Depositor's na (Signat)	
APPLICATION NO.	the state of the s			D INVEN	TOR	ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/605,571	10/09/2003 MULTISTAGED AMPLIFIC	<u> </u>		ni Ikeda		22040-00	L	2570	
APPLN. TYPE	SMALL ENTITY	issub p	6E	PU	JALICATION FEE	TOTAL FE	B(S) DUE	DATE DUE	
nonprovisional	DA YES	\$1400 70-0			\$300	وحده را 1900		05/23/2005	
EXAMINER ART U			IT CLASS-SUBCLASS			ì			
MOTTOLA, STEVEN J		2817		330-261000	1				
1. Change of correspondence CFR 1.363). Change of correspond Address form PTO/SB/1 "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively. (2) the name of a single firm (baving as a member a registered patent attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.								
PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN	DRESIDENCE DATA TO B s an assignce is identified be a 37 CFR 3.11. Completion EEE	dow, no assignee of this form is NO.	data will app I a substitute	car on to for filing	• • •	UNTRY)	d below, the d	ocument has been filed	
Please check the appropriate	e assignee category or catego	ries (will not be pr	inted on the p	natent) :	Individual DC	orporation or o	ther private gro	oup entity 🚨 Governm	
4a. The following fee(s) are	•	•		in the an	nount of the fee(s) is en				
				syment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment sit Account Number 22-0185 (enclose an extra copy of this form).					
	(from status indicated above								
	MALL ENTITY status, See is requested to apply the Issu ublication Fee (if required) v ords of the United States Pate				longer claiming SMA re-apply any previousl nan the applicant; a regi				
Authorized Signature Tany Mune					Date 4/1/05				
Typed or printed name Larry J. Hume				_	Registration	No4	1,163		

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to proc an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CPR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to comp this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FRES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 14 Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PAGE 3/3 * RCVD AT 4/1/2005 2:07:48 PM [Eastern Standard Time] * SVR:USPTO-EFXRF-2/2 * DNIS:7464000 * CSID:202 293 6229 * DURATION (mm-ss):01-08: OF COMMER 04/04/2005 AHONDAF2 00000045 220185 10605571

01 FC:2501

700.00 DA 300.00 DA

02 FC:1504



FAX TRANSMISSION

DATE: April 1, 2005

PTO IDENTIFIER: Application Number 10/605,571-Conf. #2570

Patent Number

Inventor: Takeshi Ikeda et al.

MESSAGE TO: Office of Patent Publication

FAX NUMBER: (703) 746-4000

FROM: CONNOLLY BOVE LODGE & HUTZ LLP

Larry J. Hume

PHONE: (202) 331-7111

Attorney Dkt. #: 22040-00020-US

PAGES (Including Cover Sheet): ___3_

CONTENTS: Part B - Issue Fee Transmittal (1 page)

Charge \$1,000.00 to Deposit Account 22-0185

Certificate of Transmission (1 page)

If your receipt of this transmission is in error, please notify this firm immediately by collect call to sender at (202) 331-7111 and send the original transmission to us by return mail at the address below.

This transmission is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or duplication of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited.

CONNOLLY BOVE LODGE & HUTZ LLP

1990 M Street, N.W., Suite 800, Washington, DC 20036-3425 Telephone: (202) 331-7111 Facsimile: (202) 293-6229



PTO/SB/97 (09-04)
Approved for use through 07/51/2006. OMB 0551-0031
U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a yalld OMB control number,

Application No. (if known): 10/605,571

Attorney Docket No.: 22040-00020-US

Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspond States Patent and Trademark Office	lence is being facsimile transmitted to the United e.
on April 1, 2005 .	
Date	
	:
\bigcirc	y Pecket)
	Signature
	Joy D. Pickett
Typed or printed	name of person signing Certificate
	(202) 331-7111
Registration Number, if applicable	Telephone Number

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Part B - Issue Fee Transmittal (1 page) Charge \$1,000.00 to Deposit Account 22-0185